

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County

Hartley & Parker

46-6

Registration Dist. No.

108

Village or City

Malcolm

St.

Ward

Length of residence in city or town where death occurred

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)
yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

If U.S. Veteran specify WAR

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------|------------------|---|
| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
| Female | White | Widowed |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Geo W Adams

6. DATE OF BIRTH (month, day, and year)

| | | | | |
|--------|-------|--------|------|----------------------------------|
| 7. AGE | Years | Months | Days | If LESS than |
| | 70 | 4 | 4 | 1 day, ____ hrs. or ____ min. |

Sept 21-1865

7. AGE

Years

Months

Days

If LESS than

1 day, ____ hrs.
or ____ min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, etc.

SAWYER, BODKEEPER, etc.

Housewife

kind of work done, as SPINNER,

SAWYER, BODKEEPER, etc.

SAWYER, BODKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL,

SAW MILL, BANK, etc.

10. Data deceased last worked at this occupation (month and year)

50

11. Total time (years) spent in this occupation

1905

OCCUPATION

12. BIRTHPLACE (city or town)

(State or country)

Port J. Frances

3rd

13. NAME

John L. Parker

14. BIRTHPLACE (city or town)

(State or country)

7th

15. MAIDEN NAME

Rebecca Greer

16. BIRTHPLACE (city or town)

(State or country)

Md

17. INFORMANT

Milton W. Adams

(Address)

Malcolm

18. BURIAL, CREMATION, OR REMOVAL

Place: Emanuel Ch. Data: 2/7/36, 19

19. UNDERTAKER

Burke M. Grable

(Address)

Hagerstown, Md

20. FILED

2/7/36, 19. Seal Chaffee

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Feb 4

(Month)

(Day)

1936
(Year)

22. I HEREBY CERTIFY

That deceased from

June 24, 1936, to July 3, 1936

I last saw him alive on July 3, 1936; death is said

to have occurred on the date stated above, at 8:45 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cancer of Liver

Date of onset

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19_____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) William H. Gibbons

(Address) Crown, Md. M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: | | Date of onset |
|--|---------------|---------------|
| Arteriosclerosis | MAR 4 1936 | 1915 |
| Chronic interstitial nephritis | | 1921 |
| Cerebral hemorrhage | MONTAUK V. S. | JUL 5, 1927 |

Example II

| The principal cause of death and related causes of importance were as follows: | | Date of onset |
|--|--|---------------|
| Attack of epilepsy | | 1 week ago |
| Run over by street car | | 1 week ago |
| Peritonitis | | 3 days ago |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1928 |
| | |
| | |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County

Charles.

93-2

1621

Registration Dist. No.

101

Village or City

Nanjemoy.

St.

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Old

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Lucy (Pye) Barker

6. DATE OF BIRTH (month, day, and year)

1854?

7. AGE

Years

82 1/2

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

OCCUPATION

W

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.

SAWYER, BOOKKEEPER, etc.

9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.

Farmer

10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town)

Charles Co.

(State or country)

Maryland.

MOTHER / FATHER

W

13. NAME

J. Barber.

J.

Barber.

J.

Barber.

J.

Barber.

14. BIRTHPLACE (city or town)

Albany Co.

(State or country)

Md.

J.

Barber.

J.

Barber.

15. MAIDEN NAME

Anderson

J.

Anderson

J.

16. BIRTHPLACE (city or town)

Charles Co.

(State or country)

Md.

J.

Anderson

J.

17. INFORMANT

Henry Barber

(Address)

Bragg, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place

Gratium, Md.

Date

Feb. 10, 1936

19. UNDERTAKER

Stanley Penny

(Address)

Bragg, Md.

20. FILED

7th 10

1936

Mary

Sutherland

Local

Registrar

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PIANLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

21. DATE OF DEATH

Feb. 7

1936

22. I HEREBY CERTIFY That I attended deceased from

Jan. 1936, to Jan. 1936; death is said

I last saw him alive on Feb. 7, 1936; death is said

to have occurred on the date stated above, at 7:00 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebralclerosis
Cardiac/ThyroiditisChronic myocarditis, etc. R.
Duration: 1 year.

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) E. C. Bishnell

(Address) Maryland, Md.

M. O.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | | | |
|--|------------|---------------|--|
| Arteriosclerosis | | Date of onset | |
| Chronic interstitial nephritis | RECEIVED | 1915 | |
| Cerebral hemorrhage | APR 4 1936 | 1921 | |
| | | July 5, 1927 | |
| Other contributory causes of importance: V. S. | | | |
| Gallstones | BURKE | May 1, 1923 | |

Example II

The principal cause of death and related causes of importance were as follows:

| | | |
|--|---------------|--|
| Attack of epilepsy | Date of onset | |
| Run over by street car | 1 week ago | |
| Peritonitis | 1 week ago | |
| | 3 days ago | |
| Other contributory causes of importance: | | |
| Gastroenteritis | 1 year | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County *Clarksburg**B&A*Registration Dist. No. *1682*Village or City *Hughesville*St. *Ward*Length of residence in city or town where death occurred *43* yrs. *mos.* *ds.* How long in U. S. if of foreign birth? *yrs.* *mos.* *ds.*

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St. *Ward*

If nonresident give city or town and State

*Clara L. Briscoe**X*

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F*4. COLOR OR RACE *@*5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widow*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of*Dominic Briscoe*6. DATE OF BIRTH (month, day, and year) *Dec 16 1892*

7. AGE

Years *43* Months *2* Days *13*LESS than
1 day, *hrs.*
or *min.*8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKEEKEEPER, etc. *Housewife*9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. *House work at home*10. Date deceased last worked at this occupation (month and year) *all day*11. Total time (years) spent in this occupation *43*12. BIRTHPLACE (city or town)
(State or country) *West Virginia*13. NAME *Samuel Lyles*14. BIRTHPLACE (city or town)
(State or country) *West Virginia*15. MAIDEN NAME *Clara L. King*16. BIRTHPLACE (city or town)
(State or country) *West Virginia*17. INFORMANT *Dominic Briscoe*
(Address) *Hughesville*

18. BURIAL, CREMATION, OR REMOVAL

Place *Boggsburg* Ch Date *3/3* 19*36*19. UNDERTAKER *Henry D. Ryan*(Address) *Waldorf*20. FILED *2-21*, 19*36*Eva Chappelar
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Feb 29 19*36* (Month) *Day* *1936* (Year)22. I HEREBY CERTIFY, That I attended deceased from *Feb 29*, 19*36*, to *Feb 29*, 19*36*. I last saw her alive on *Feb 29*, 19*36*; death is said to have occurred on the date stated above, at *11 A.M.* The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:*Hemiplegia*

Date of onset

*2/28/36*Primary Cause: Cerebral hemorrhage
C.W.B.

Other Contributory Causes of importance:

Arterio - Sclerotic

Name of operation _____ Date of _____

What test confirmed diagnosis? *none* Was there an autopsy? *no*

23. If death was due to external causes (VIDLENCE) fill in also the following:

Accident, suicide, or homicida? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HMDE, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) *J. D. Chappelar* M. D.
(Address) *Hughesville*

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: | | Date of onset |
|--|-------------|---------------|
| Arteriosclerosis | MAR 4 1926 | 1915 |
| Chronic interstitial nephritis | | 1921 |
| Cerebral hemorrhage | VERBAL V. S | July 5, 1927 |
| | | |
| | | |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |
| | |
| | |
| | |

Example II

| The principal cause of death and related causes of importance were as follows: | | Date of onset |
|--|--|---------------|
| Attack of epilepsy | | 1 week ago |
| Run over by street car | | 1 week ago |
| Peritonitis | | 3 days ago |
| | | |
| | | |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |
| | |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M

STATE OF MARYLAND—CERTIFICATE OF DEATH

1623

1. PLACE OF DEATH

County

Charles

108

X Registration Dist. No. 103

Village or City

Bel Alton

St.

Ward

Length of residence in city or town where death occurred

59

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME

Felix Collins

(a) Residence No.

Bel Alton, Md.

St. Ward.

X If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Negro

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Mary Ford

6. DATE OF BIRTH (month, day, and year)

Jan. 31, 1862

7. AGE

74

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BODKEEPER, etc.

Farmer

Date of onset

9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.

own farm

1-27-36

10. Date deceased last worked at
this occupation (month and
year)

Jan. 1936

11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Newport, Md.

MOTHER

FATHER

Phillip Collins

14. BIRTHPLACE (city or town)
(State or country)

Newport, Md.

Date of

15. MAIDEN NAME

Louise — ?

Was there an autopsy? No

16. BIRTHPLACE (city or town)
(State or country)

Newport, Md.

17. INFORMANT

Mrs. Lorraine Albritton
Bel Alton, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place

St. Thomas Cemetery

Date

Feb. 6, 1936

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

(Address)

(Address)</

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
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- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | | |
|--------------------------------|----------------|---------------|
| Arteriosclerosis | MAR 5 1936 | Date of onset |
| Chronic interstitial nephritis | | 1921 |
| Cerebral hemorrhage | HOSPITAL V. S. | July 5, 1927 |

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|---------------|
| Attack of epilepsy | Date of onset |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH 1624

V. S. No. 1 MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County

Charles
Chicamunfer

25

X Registration Dist. No. 101

Village or City

Length of residence in city or town where death occurred

No.

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Old

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Mary Ellen Cofer

6. DATE OF BIRTH (month, day, and year)

Oct. 31 1896

7. AGE

Years
39Months
3Days
22If LESS than
1 day, _____ hrs.
or _____ min.

8. OCCUPATION

kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.

Barber

9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town)

(State or country)

Chicamunfer
Md.

MOTHER

FATHER

13. NAME

William Francis Cofer

14. BIRTHPLACE (city or town)

(State or country)

Chicamunfer

Md.

15. MAIDEN NAME

Emma C. Swann

16. BIRTHPLACE (city or town)

(State or country)

Indian Head

Md.

17. INFORMANT

(Address)

Name F. Cofer

Chicamunfer Md

18. BURIAL, CREMATION, OR REMOVAL

Place

Smyrna Md

Date Feb. 25th 1936

19. UNDERTAKER

(Address)

Stanley Parsons

Patterson Md

20. FILED

(Address)

Feb. 24th 1936Maryland
Court

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Feb.
(Month)22
(Day)1936
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Dec. 19 30 to Feb. 22, 1936; death is said

I last saw him alive on Feb. 22, 1936; death is said

to have occurred on the date stated above, at 18 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance

were as follows:

Pulmonary Tuberculosis

Date of onset

Other Contributory Causes of Importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury _____, 19 _____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) George C. Bostwick M. D.

(Address) Maryland Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | | |
|--------------------------------|----------|--------------|
| Arteriosclerosis | RECEIVED | 1915 |
| Chronic interstitial nephritis | | 1921 |
| Cerebral hemorrhage | | July 5, 1927 |

Other contributory causes of importance:

| | | |
|------------|----------|-------------|
| Gallstones | RECEIVED | May 1, 1923 |
| | | |

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH 1625

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County *Charles*Village or City *Mayfield*

Length of residence in city or town where death occurred

No. *82-2*Registration Dist. No. *104*St. *Ward*

2. FULL NAME

(a) Residence: No.

St. *Ward*

If nonresident give city or town and State

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Z*4. COLOR OR RACE *B3*

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

*widowed*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of*Julia Davis**1861*

6. DATE OF BIRTH (month, day, end year)

7. AGE *April 75* Years *Months* Months *Days* Days *If LESS than*
unknown *1 day, 0 hrs.*
or 0 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) *Ind*

MOTHER FATHER

13. NAME *Richard Lee*14. BIRTHPLACE (city or town)
(State or country) *Ind*15. MAIDEN NAME *Lettie Slye*16. BIRTHPLACE (city or town)
(State or country) *Ind*17. INFORMANT *Virginia Lee*
(Address) *Mayfield*18. BURIAL, CREMATION OR REMOVAL
Place *Charles* Date *2-3-1936*19. UNDERTAKER *Geo. W. Shingle*
(Address) *Mayfield*20. FILED *2-8-1936* *T. H. Ryerson*
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH *2-6-1936*

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

*19**19*I last saw h. alive on *19* death is said to have occurred on the date stated above, at *4:45 a.m.* about The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*workman's son found
lay dead, was up on
day before my first
visit (after my first
visit) on left side
Other Contributory Causes of importance*

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) *S. H. Ryerson* M. D.(Address) *Mayfield*

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | | |
|--------------------------------|------------|---------------|
| Arteriosclerosis | RECEIVED | Date of onset |
| Chronic interstitial nephritis | | 1915 |
| Cerebral hemorrhage | MAR 4 1935 | 1921 |

| | | |
|--|----------|-------------|
| Other contributory causes of importance: | RECEIVED | |
| Gallstones | | May 1, 1928 |
| | | |

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

| | |
|--|--------|
| Other contributory causes of importance: | |
| Gastroenteritis | 1 year |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County

Charles

157-a

Registration Dist. No.

1626

Village or City

Indian Head

116

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F.

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Feb. 13 1936

7. AGE

Years

Months

Days

If LESS than
1 day, 1 hrs.
40 min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Indian Head

Md.

MOTHER FATHER

13. NAME Leslie G. Fairfax

14. BIRTHPLACE (city or town)
(State or country)Prince William Co.,
Va.

15. MATURE NAME Minnie E. V. Arrington

16. BIRTHPLACE (city or town)
(State or country)Prince William Co.,
Va.

17. INFORMANT

(Address)

Leslie G. Fairfax

Indian Head, Md.

18. BURIAL, CREMATION, OR REMOVAL

(Address)

Burial

Feb. 13, 1936

19. UNDERTAKER

(Address)

Leslie Fairfax

20. FILED

(Address)

Feb. 14, 1936

Edgar F. Dunnington
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Feb.

13

, 1936

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

, 19

, 19

I last saw h. alive on , 19 ; death is said
to have occurred on the date stated above, at m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Congenital Cardiac
Disease.

Hydrocephalus

Date of onset

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edgar F. Dunnington, M.D.
(Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | | | |
|--------------------------------|------------|---------------|--|
| Arteriosclerosis | | Date of onset | |
| Chronic interstitial nephritis | MAR 5 1936 | 1915 | |
| Cerebral hemorrhage | | 1921 | |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |

Example II

The principal cause of death and related causes of importance were as follows:

| | | |
|------------------------|---------------|--|
| Attack of epilepsy | Date of onset | |
| Run over by street car | 1 week ago | |
| Peritonitis | 1 week ago | |

Other contributory causes of importance:

| | | |
|-----------------|---------------|--|
| Gastroenteritis | Date of onset | |
| | 1 year | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County

Charles

95+

X Registration Dist. No.

1627

101

Village or City

La Plata

St.

Ward

Length of residence in city or town where death occurred

20 yrs. 2 mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Sulu May Gamble

(a) Residence: No.

La Plata, Md.

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Joseph W. Gamble

6. DATE OF BIRTH (month, day, end year)

May 19, 1885

7. AGE

50

Yeets Months Days If LESS than
9 30 1 day, _____. hrs.
or _____. min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.

Housewife

9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.

own home

10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation 25 yrs

12. BIRTHPLACE (city or town)

(State or country)

Stanton, Virginia

MOTHER FATHER

13. NAME

Jacob W. Gamble

14. BIRTHPLACE (city or town)

(State or country)

Stanton, Va.

15. MAIDEN NAME

Augusta C. Nepp

16. BIRTHPLACE (city or town)

(State or country)

Stanton, Va.

17. INFORMANT

(Address)

Mrs. Dent Gamble

La Plata, Md.

18. BURIAL, CREMATION OR REMOVAL

Place

Mt. Rest Cemetery

Date Feb 21/36

19. UNDERTAKER

(Address)

Hunt and Ryon

Walney, Maryland

20. FILED

Date

Feb 19/36

1936

Sullivan V. Pocesy

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

February
(Month)18
(Day)1936
(Year)

22. I HEREBY CERTIFY, That I attended deceased

on February 18, 1936, to

I last saw h. 25 min. on February 18, 1936; death is said
to have occurred on the date stated above, at 6:45 p.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Essential Hypertension
Hypertensive heart disease 1933
Coronary thrombosis 2-18-36
Primary Cause: Hypertensive heart disease
Cause: Coronary thrombosis

Other Contributory Causes of Importance:

Coronary thrombosis

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19-1

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) James L. Markham, M. D.

(Address) 500 N. Calvert Street, Baltimore, Maryland

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | | |
|--------------------------------|--------------|-----------------------|
| Arteriosclerosis | MAR 6 1922 | Date of onset 1915 |
| Chronic interstitial nephritis | | 1921 |
| Cerebral hemorrhage | BUREAU V. S. | July 5, 1927 |

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|-----------------------------|
| Attack of epilepsy | Date of onset 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

1628

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County

Charles

184

Registration Dist. No.

Village or City

Near Waldorf

105

Length of residence in city or town where death occurred

10 years

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)
mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

Warren Gardner

Home Near Waldorf

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

June 14, 1915

7. AGE Years Months Days If LESS than
20 years 5 25 1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.

Farmer

9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.

Farm

10. Date deceased last worked at
this occupation (month and
year)

3/9-1936

11. Total time (years)
spent in this
occupation

Life

12. BIRTHPLACE (city or town)
(State or country)

Near Waldorf Charles County

Maryland

13. NAME

Hugh Gardner

14. BIRTHPLACE (city or town)

Md.

(State or country)

15. MAIDEN NAME

Belle Middleton

16. BIRTHPLACE (city or town)

Near Waldorf Md.

(State or country)

17. INFORMANT

(Address)

Philip P. Hunt

Waldorf Md.

18. BURIAL, CREMATION, OR REMOVAL

Burial

Place

St. Peter

Data

1936

19. UNDERTAKER

(Address)

Hunt & Son

Waldorf Md.

20. FILED

2/10, 1936

M. P. Moore

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

February

(Month)

9th.

(Day)

1936
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

I last saw him alive on , 19 to , 19 ; death is said

to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Date of onset

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 3/9-1936

Where did injury occur? Near Home Near Waldorf

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury Accidental death by gun

Nature of injury Shot Wound

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Leonard H. Garrett Coroner

(Address) Waldorf Md. Charles County

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed, may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | | |
|--------------------------------|---------------|--------------|
| Arteriosclerosis | MAR 6 1936 | 1915 |
| Chronic interstitial nephritis | | 1921 |
| Cerebral hemorrhage | BUFFALO V. S. | July 5, 1927 |

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1629

1. PLACE OF DEATH

County CharlesVillage or City Wisomico Md

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

8

Registration Dist. No.

103

St.

Ward

2. FULL NAME Infant Hardesty(a) Residence: No. Wisomico Md

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Male

white

Infant

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, end year)

Feb. 26 - 1936

7. AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

(State or country)

Maryland

MOTHER FATHER

13. NAME James Franklin Hardesty14. BIRTHPLACE (city or town) Maryland
(State or country)15. MAIDEN NAME Myrtle Hardesty16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT

(Address)

Place Trinity Church Date 2/27/36, 1936

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER J. Franklin Hardesty

(Address)

20. FILED Feb. 27, 1936 J. P. Pippert
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Feb.

26

(Month)

(Day)

1936
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Feb. 26, 1936, to Feb. 26, 1936I last saw him alive on Feb. 26, 1936; death is saidto have occurred on the date stated above, at 7 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Stillborn - Premature
Separation of placentaDate of onset
2/26/36

Other Contributory Causes of Importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? NO

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur?

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Alpheus C. Welch M. D.
(Address) Chaptico Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| Arteriosclerosis | Date of onset |
|--------------------------------|---------------|
| | 1915 |
| Chronic interstitial nephritis | 1921 |

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|---------------|
| Attack of epilepsy | Date of onset |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other contributory causes of importance:

Gallstones

Date of onset

May 1, 1923

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

1630

1. PLACE OF DEATH

County *Charles*Village or City *Bell Alton*Registration Dist. No. *107*St. *Ward*

Length of residence in city or town where death occurred

yrs. *mos. ds.* How long in U. S. if of foreign birth? *yrs. mos. ds.*2. FULL NAME *James Edward Hungerford Jr.*(a) Residence: No. *St. Ward.*

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *m*4. COLOR OR RACE *B*5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word) *Single*5e. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, end year) *April 5, 1935*7. AGE *10* Years *6* Months *0* Dey *If LESS than*
1 day, 0 hrs.
*or 0 min.*8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc. *None*9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year) *1935*11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country) *Ind*13. NAME *Raymond Hungerford*14. BIRTHPLACE (city or town)
(State or country) *Ind*15. MAIDEN NAME *Worneta Brown*16. BIRTHPLACE (city or town)
(State or country) *Ind*17. INFORMANT *Raymond Hungerford*
(Address) *1310 Alton*

18. BURIAL, CREMATION, OR REMOVAL

Place *St. Ignatius Cemetery* Date *2-12-1936*19. UNDERTAKER *Raymond Hungerford*
(Address) *1310 Alton*20. FILED *2-11-1936* *J. L. Higdon*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH *2-11-1936*(Month) *2* (Day) *11* (Year) *1936*

22. I HEREBY CERTIFY That I attended deceased from

2-10-1936 to *2-11-1936*I last saw him alive on *2-10-1936* death is said
to have occurred on the date stated above, at *9:30 a.m.*The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:*Whooping Cough*Date of onset
4-15-35

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) *J. L. Higdon* M. D.
(Address) *1310 Alton*

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | | |
|--------------------------------|------------|---------------|
| Arteriosclerosis | RECEIVED | Date of onset |
| Chronic interstitial nephritis | | 1915 |
| Cerebral hemorrhage | MAR 4 1923 | July 5, 1927 |

BUFFALO V. S.

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|---------------|
| Attack of epilepsy | Date of onset |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

1631

1. PLACE OF DEATH

County

Village or City

Length of residence in city or town where death occurred

159

Registration Dist. No.

108

St. Ward

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos.

ds.

How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------|------------------|---|
| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
| Fr | Col | Single |

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

12/10/35

| | | | | |
|--------|-------|--------|------|--|
| 7. AGE | Years | Months | Days | If LESS than 1 day, _____ hrs. or _____ min. |
| | 2 | 1 | 76 | |

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

none

12. BIRTHPLACE (city or town)
(State or country)

13. NAME

Stanley Lore

14. BIRTHPLACE (city or town)
(State or country)

Chas Co

15. MAIDEN NAME

Bertha J. Lore

16. BIRTHPLACE (city or town)
(State or country)

Chas Co

17. INFORMANT
(Address)Stanley Lore
Hughesville

18. BURIAL, CREMATION, OR REMOVAL

Place: Bryceland Date: 2/14/36, 19

19. UNDERTAKER
(Address)

Elmer W. Deale

20. FILED 2/14/36, 19

E. Chapple

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

2/10/36
(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

I last saw him alive on 2/10/36, 19, to 2/10/36, 19, death is said to have occurred on the date stated above, at 12:00 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Pneumonia Birth
Inability to nurse

Other Contributory Causes of importance:

Pneumonia Birth

Name of operation _____ Date of _____

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify J. D. Chapple M. D.

(Signed) _____ (Address) _____

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|--------------|--|--------------|
| The principal cause of death and related causes of importance were as follows: | | The principal cause of death and related causes of importance were as follows: | |
| Arteriosclerosis | MAR 4 1936 | Date of onset | 1915 |
| Chronic interstitial nephritis | | | 1921 |
| Cerebral hemorrhage | BUREAU V. S. | | July 5, 1927 |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1, 1923 | Gastroenteritis | 1 year |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH 1632

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County

Charles

93-C

Registration Dist. No.

100

Village or City

Newtown Md

St., Ward

Length of residence in city or town where death occurred

about 27

yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME

Washington Mason

(a) Residence: No.

Newtown Md

St.,

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

male

colored

married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Ella Lyle

6. DATE OF BIRTH (month, day, and year)

Sept 7 1865

7. AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

70

5

5

8. OCCUPATION

Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Farmer

Date of onset

8/1

9 years

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

Chas Co.

(State or country)

Md.

13. FATHER

Madison Mason

14. BIRTHPLACE (city or town)

Chas Co.

(State or country)

Md.

Date of

15. MOTHER

Jennie Miles

16. BIRTHPLACE (city or town)

Chas Co.

(State or country)

Md.

Was there an autopsy?

17. INFORMANT

Ella Mason

(Address)

Newtown Md

18. BURIAL, CREMATION, OR REMOVAL

Place: Newtown Cemetery Date: Oct 16, 1936

19. UNDERTAKER

(Address)

Hunt and Ryan

Waldorf Md

20. FILED

(Address)

Oct 12, 1936 S. Lillian P. Posen

Registrar

21. DATE OF DEATH

February 12

(Month)

(Day)

1936

(Year)

22. I HEREBY CERTIFY

That I attended deceased from

Jan 30-1, 1936, to Feb 12, 1936.

I last saw him alive on Feb 6, 1936; death is said to have occurred on the date stated above, at 12:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic Pulmonary
Tuberculosis (emphysema)

Date of onset

8/1

9 years

Cerebral—Cardiac
Ch. myocarditis

Date

Other Contributory Causes of Importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

James E. Johnson

M. D.

(Signed)

(Address)

For Phillips Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | | |
|--------------------------------|------------|-----------------------|
| Arteriosclerosis | | Date of onset 1915 |
| Chronic interstitial nephritis | | 1921 |
| Cerebral hemorrhage | MAR 6 1936 | July 5, 1927 |
| | | |

Other contributory causes of importance:

| | | |
|------------|--|-------------|
| Gallstones | | May 1, 1928 |
| | | |

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|-----------------------------|
| Attack of epilepsy | Date of onset 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |
| | |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1633

1. PLACE OF DEATH

. County *Charles*Village or City *Indian Head*Length of residence in city or town where death occurred *16* yrs. *9* mos.*Mrs. Frances McCarthy*

2. FULL NAME

(a) Residence: No. *130 Couden Rd*

(Usual place of abode)

Registration Dist. No. *106**106*

Ward

No. *130 Couden Rd* st.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

— ds. How long in U. S. if of foreign birth? *50* yrs. *—* mos. *—* ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

6a. If married, widowed, or divorced

HUSBAND of (or) WIFE of*Patrick McCarthy*

6. DATE OF BIRTH (month, day, and year)

7. AGE

76

Years

6

Months

28

Days

*28*If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

12. BIRTHPLACE (city or town)

(State or country)

*Dublin**Ireland**? Donegal*

13. NAME

*?**Donegal**? Donegal*

14. BIRTHPLACE (city or town)

(State or country)

Ireland

15. MAIDEN NAME

Frances Halligan

16. BIRTHPLACE (city or town)

(State or country)

Ireland

17. INFORMANT

Robert C. Lewis

(Address)

1401 Columbia Rd N.W. Wash D.C.

18. BURIAL, CREMATION, OR REMOVAL

Cemetery Wash D.C.

(Place)

*45th Street**Indian Head**Ind*

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | | |
|--------------------------------|--------------|---------------|
| Arteriosclerosis | | Date of onset |
| Chronic interstitial nephritis | MAR 5 1936 | 1915 |
| Cerebral hemorrhage | | 1921 |
| | BUREAU V. S. | July 5, 1927 |
| | | |
| | | |
| | | |

Other contributory causes of importance:

| | | |
|------------|--|---------------|
| Gallstones | | Date of onset |
| | | May 1, 1923 |
| | | |
| | | |
| | | |

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|---------------|
| Attack of epilepsy | Date of onset |
| Run over by street car | 1 week ago |
| Peritonitis | 1 week ago |
| | 3 days ago |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|-----------------|---------------|
| Gastroenteritis | Date of onset |
| | 1 year |
| | |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

1634

1. PLACE OF DEATH

County

Charles

Village or City

Marbury

Length of residence in city or town where death occurred

yrs. mos. ds. No. St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Evelyn M. Miles.

(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Old

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Single

5e. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Nov. 8, 1935

7. AGE Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

3

9 10

at home

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Pegah
Md.

MOTHER

FATHER

13. NAME William G. Miles

14. BIRTHPLACE (city or town)
(State or country)

Charles Co.

15. MAIDEN NAME Evelyn M. Thomas

16. BIRTHPLACE (city or town)
(State or country)Washington
D.C.

17. INFORMANT Evelyn Miles

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Marbury Md. Date Feb. 18, 1936

19. UNDERTAKER Frank Thomas

(Address)

20. FILED Feb. 18th, 1936Mary Smith
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Feb.

17

(Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from

Feb. 15, 1936, to Feb. 17, 1936.

I last saw her alive on Feb. 17, 1936; death is said
to have occurred on the date stated above, at 2:00 p.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:The cause -
Dental procedure.

Date of onset

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19_____

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) George C. Dickman M. D.
(Address) Marbury, Md.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be fully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | |
|--------------------------------|--------------|
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |

MAR 7 1936

RECEIVED
U. S. GOVERNMENT PRINTING OFFICE

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

RECEIVED
U. S. GOVERNMENT PRINTING OFFICE

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

1635

1. PLACE OF DEATH

County CharlesVillage or City Chicamugen

Length of residence in city or town where death occurred

No.

Registration Dist. No.

101

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred

Length of residence in city or town where death occurred

Length of residence in city or town where death occurred

Length of residence in city or town where death occurred

Length of residence in city or town where death occurred

Length of residence in city or town where death occurred

Length of residence in city or town where death occurred

2. FULL NAME Stillborn Milstead 1st triplet

(a) Residence: No.

St., Ward.

If nonresident give city or town and State

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------|------------------|---|
| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
| Female | colored | Single |

| | |
|--|------|
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | none |
|--|------|

6. DATE OF BIRTH (month, day, and year) Feb. 21st, 1936

| | | | | |
|--------|-------|--------|------|--|
| 7. AGE | Years | Months | Days | If LESS than 1 day, _____ hrs. or _____ min. |
| | | | | |

| | |
|---|---------|
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | at home |
|---|---------|

| | |
|--|--|
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. | |
|--|--|

| | |
|---|---|
| 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation |
|---|---|

| | |
|---|--------------------|
| 12. BIRTHPLACE (city or town) (State or country) | Charles Co. Md. |
|---|--------------------|

| | |
|----------|-----------------|
| 13. NAME | Irving Milstead |
|----------|-----------------|

| | |
|---|--------------------|
| 14. BIRTHPLACE (city or town) (State or country) | Charles Co. Md. |
|---|--------------------|

| | |
|-----------------|------------|
| 15. MAIDEN NAME | Maude Haze |
|-----------------|------------|

| | |
|---|--------------------|
| 16. BIRTHPLACE (city or town) (State or country) | Charles Co. Md. |
|---|--------------------|

| | |
|---------------|--------------------------------|
| 17. INFORMANT | Delcena Jordon Marbury, Md. |
|---------------|--------------------------------|

| | |
|-----------------------------------|---------------------------------------|
| 18. BURIAL, CREMATION, OR REMOVAL | Place: Chicamugen Date: Feb. 22, 1936 |
|-----------------------------------|---------------------------------------|

| | |
|----------------|---------------------------------------|
| 19. UNDERTAKER | Nelleine Clark Jr. Chicamugen, Md. |
|----------------|---------------------------------------|

| | |
|-----------|------------------|
| 20. FILED | 7. Feb. 22, 1936 |
|-----------|------------------|

| | |
|-----------------|-----------------|
| MARY SUTHERLAND | Local Registrar |
|-----------------|-----------------|

| | |
|-----------------|-----------------|
| MARY SUTHERLAND | Local Registrar |
|-----------------|-----------------|

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Feb.
(Month)21
(Day)1936
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

I last saw h. alive on , 19 , to , 19 ; death is said

to have occurred on the date stated above, at , 10:11 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

unknown - born dead
not full term

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____ Local _____

(Signed) Mary Sutherland _____(Address) Marbury, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | | |
|--------------------------------|------------------------|---------------|
| Arteriosclerosis | | Date of onset |
| Chronic interstitial nephritis | 1921 | |
| Corebral hemorrhage | RECEIVED MAR 7 1928 | July 5, 1927 |

| | | |
|--|------------------------|-------------|
| Other contributory causes of importance: | | |
| Gallstones | RECEIVED MAR 7 1928 | May 1, 1928 |

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|---------------|
| Attack of epilepsy | Date of onset |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

| | | |
|--|--------|--|
| Other contributory causes of importance: | | |
| Gastroenteritis | 1 year | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

1636

1. PLACE OF DEATH

County CharlesVillage or City Chesapeake, Md. No. 8
(If death occurred in a hospital or institution, give its NAME instead of street and number)Length of residence in city or town where death occurred years mos. ds. How long in U.S. If of foreign birth? years mos. ds.X
Registration Dist. No. 101St. Ward 2. FULL NAME S. Stillborn Mulstead 2nd Triple(a) Residence: No.

(Usual place of abode)

St. Ward

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male colored 4. COLOR OR RACE Single 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofnone6. DATE OF BIRTH (month, day, and year) Feb. 21 st, 19367. AGE Stillborn Years Months Days If LESS than
1 day, hrs.
or min.8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Charles Co.
(State or country) Md.13. NAME Irving Mulstead
14. BIRTHPLACE (city or town) Charles Co.
(State or country) Md.15. MARION NAME Manale Hart
16. BIRTHPLACE (city or town) Charles Co.
(State or country) Md.17. INFORMANT Delcena Jerome
(Address) Marybury, Md.18. BURIAL, CREMATION, OR REMOVAL
Place Chesapeake, Md. Date Feb. 22, 193619. UNDERTAKER W. L. Clark Jr.
(Address) Chesapeake, Md.20. FILED Feb. 22, 1936 Mary Southland
soal Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb. 21(Month) (Day) , 1936 (Year)22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 I last saw h alive on , 19 ; death is said to have occurred on the date stated above, at 5 to 11 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

unknown - born dead
not full term

Date of onset

Other Contributory Causes of importance:

Name of operation Date of What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19 Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Mary Southland M. D. (Address) Brayberry, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | |
|--------------------------------|------------|
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | MAR 7 1926 |

| | |
|--|--|
| U. S. | |
| Other contributory causes of importance: | |

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

| | |
|--|--|
| | |
| Other contributory causes of importance: | |

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

1637

1. PLACE OF DEATH

County CharlesVillage or City Chincaminoper, MdRegistration Dist. No. 101

St., Ward

Length of residence in city or town where death occurred 3 yrs. mos. 3 ds. How long in U.S. if of foreign birth? 3rd yrs. mos. ds.2. FULL NAME Stillborn, Mildred Jupit

(a) Residence: No.

St., Ward.

If nonresident give city or town and State

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------------------|---------------------------------|--|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>colored</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Single</u> |
|--------------------|---------------------------------|--|

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofnone6. DATE OF BIRTH (month, day, and year) Feb. 21st, 1936

| | | | | |
|--------|-------|--------|------|--|
| 7. AGE | Years | Months | Days | If LESS than 1 day, _____ hrs. or _____ min. |
|--------|-------|--------|------|--|

Stillbornat home

| | |
|---|---|
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | 11. Total time (years) spent in this occupation |
|---|---|

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

| | |
|---|----------|
| 12. BIRTHPLACE (city or town) (State or country) | 13. NAME |
|---|----------|

Charles Co. Md

| |
|---|
| 14. BIRTHPLACE (city or town) (State or country) |
|---|

Charles Co. Md

| | |
|-----------------|---|
| 15. MAIDEN NAME | 16. BIRTHPLACE (city or town) (State or country) |
|-----------------|---|

Maryde Hart

| | |
|---------------|-----------------------------------|
| 17. INFORMANT | 18. BURIAL, CREMATION, OR REMOVAL |
|---------------|-----------------------------------|

Delcina Jordan

| | |
|--------------------------------|---------------------------|
| Place <u>Chincaminoper, Md</u> | Date <u>Feb. 22, 1936</u> |
|--------------------------------|---------------------------|

| | |
|-----------------------------|--------------------------------|
| 19. UNDERTAKER (Address) | 20. FILED <u>Feb. 22, 1936</u> |
|-----------------------------|--------------------------------|

| | |
|--------------------------|----------------------|
| <u>William Clark Jr.</u> | <u>Mary L. Luthi</u> |
|--------------------------|----------------------|

| | |
|--------------------------|------------|
| <u>Chincaminoper, Md</u> | Registrar. |
|--------------------------|------------|

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Feb.211936

22. I HEREBY CERTIFY, That I attended deceased from

, 19____, to, 19____

I last saw him alive on _____, 19____; death is said to have occurred on the date stated above, at 11 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

unknown - born deadnot full term

Date of onset

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Mary L. Luthi Local
(Address) Marbury, Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| Arteriosclerosis | RECEIVED | Date of onset |
|--------------------------------|----------|---------------|
| | | 1915 |
| Chronic interstitial nephritis | | 1921 |

| | | |
|---------------------|------------|--------------|
| Cerebral hemorrhage | MAR 7 1936 | July 5, 1927 |
|---------------------|------------|--------------|

| | | |
|--|--|-------------|
| Other contributory causes of importance: | | |
| Gallstones | | May 1, 1923 |
| | | |

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|---------------|
| Attack of epilepsy | Date of onset |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

| | |
|--|--|
| | |
| | |
| | |

| | |
|--|--------|
| Other contributory causes of importance: | |
| Gastroenteritis | 1 year |
| | |

| | |
|--|--|
| | |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

1638

1. PLACE OF DEATH

County Charles

Village or City La Plata Md

94a

X
Registration Dist. No. 600

St.

Ward

Length of residence in city or town where death occurred

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos.

ds.

How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

Pete Neilson

(a) Residence: No.

near La Plata Md St.

(Usual place of abode)

If U. S. Veteran, specify WAR

X
Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5a. If married, widowed, or divorced.

HUSBAND of
(or) WIFE of

Single

6. DATE OF BIRTH (month, day, and year)

May 5^a7. AGE Years Months Days If LESS than
71 10 0 18 1 day, hrs.
or min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, etc.

Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

Denmark

MOTHER

FATHER

13. NAME Christ Neilson

14. BIRTHPLACE (city or town)
(State or country)

Denmark

15. MAIDEN NAME Wont Know

16. BIRTHPLACE (city or town)
(State or country)

Denmark

17. INFORMANT

(Address) Dr. Neilson

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Rest Cemetery Date Feb 19^a, 1936

19. UNDERTAKER

(Address) Hunt and Ryon

20. FILED Date Feb 19^a, 1936

Lillian V. Posey

Register.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Feb 17
(Month)
(Day), 1936
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Single visit, 19, to, Feb 17^a, 1936

I last saw him alive on was dead when sent to death is said to have occurred on the date stated above, at 7 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

History of myocarditis and aching Pectoris several mild attacks past 2 or 3 years.

Date of onset

3 yrs

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. B. Givens
(Address) Pomona monkey Md.

M. D.

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

T

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | |
|--------------------------------|---------------|
| Arteriosclerosis | Date of onset |
| Chronic interstitial nephritis | 1915 |
| Cerebral hemorrhage | 1921 |

MAR 6 1928

RENTAL V. S.

Other contributory causes of importance:

| | |
|------------|---------------|
| Gallstones | Date of onset |
| | May 1, 1928 |

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|---------------|
| Attack of epilepsy | Date of onset |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Other contributory causes of importance:

| | |
|-----------------|---------------|
| Gastroenteritis | Date of onset |
| | 1 year |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1639

1. PLACE OF DEATH

County

Charles.

(3)

Registration Dist. Nd.

102

Village or City

Nanjemoy.

St., Ward

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

Annie Rison.

(a) Residence: Nd.

St., Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

John F. Rison.

6. DATE OF BIRTH (month, day, and year)

July

1876.

Years Months Days

64

70

If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BODKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Nanjemoy
Maryland.

MOTHER / FATHER

13. NAME Albert Sandy.

14. BIRTHPLACE (city or town)
(State or country)

Charles Co.

Md.

15. MAIDEN NAME

Prayter

16. BIRTHPLACE (city or town)
(State or country)

Charles Co.

Md.

17. INFORMANT

Annie Rison
Nanjemoy, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Nanjemoy, Md. Date Feb. 25, 1936

19. UNDERTAKER

John F. Rison
R. P. Plate

20. FILED

Feb. 24, 1936 John F. Maddox
Deputy Registrar

21. DATE OF DEATH

Feb.

23

1936

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY

That I attended deceased from

July

, 1936, to

Feb. 23, 1936

1936

I last saw him alive on

July

, 1936, death is said

to have occurred on the date stated above, et

8:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Cerebral Arteriosclerosis
Ch. Cardio-vascular
renal disease.

Date of onset

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *No.*

If so, specify

(Signed) *Dr. C. Bicknell* M. D.(Address) *Nanjemoy, Md.*

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH 1640

1. PLACE OF DEATH

County Charles

Village or City near La Plata

Length of residence in city or town where death occurred 20 yrs.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

93-C

Registration Dist. No. 1 ad

St. Ward

2. FULL NAME

(a) Residence: No.

Mary Elizabeth Small

(Usual place of abode)

near La Plata Md.

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

James Small

6. DATE OF BIRTH (month, day, and year)

Oct. 28 1871

7. AGE

64

Years

Months

4

Days

1

If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

Housework

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

Charles Co.

(State or country)

Maryland

MOTHER

FATHER

13. NAME Samuel Thomas

14. BIRTHPLACE (city or town) Charles Co.

(State or country) Maryland

15. MAIDEN NAME Margaret Gray

16. BIRTHPLACE (city or town) Charles Co.

(State or country) Maryland

17. INFORMANT

(Address)

James Small

La Plata Md. R. F. D.

18. BURIAL, CREMATION, OR REMOVAL

Place

Pompey St. Joseph Cemetery

Date 7 Feb 36

19. UNDERTAKER

(Address)

Henry A. Penn

La Plata Md.

20. FILED

Date

Feb 27, 1936

William S. Posey

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Feb. 26^a

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

, 19 to , 19

I last saw h. n. alive on Oct 20^a, 1935; death is said to have occurred on the date stated above, at 8:45 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset

7/7/35

Chronic myocarditis
arteriosclerotic

Other Contributory Causes of importance:

Shock

2/1/36

Name of operation _____ Date of _____

What last confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Sign) James E. Nolen M. D.

(Address) La Plata Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1931 |
| Cerebral hemorrhage | Jan. 5, 1927 |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |

Example II

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|------------------------|---------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH 1641

ARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Charles CountyVillage or City Charlotte Hall Md

(23)

Registration Dist. No.

103

St., Ward

Length of residence in city or town where death occurred 3 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Agnes Woodland(a) Residence: No. Charlotte Hall

St., Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|----------------------|---------------------------------|---|
| 3. SEX <u>Female</u> | 4. COLOR OR RACE <u>Colored</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (<i>write the word</i>) <u>widowed</u> |
|----------------------|---------------------------------|---|

5a. If married, widowed, or divorced
HUSBAND (or) WIFE of Agnes Woodland

6. DATE OF BIRTH (month, day, end year)

March - 1909

| | | | |
|------------------------|------------------|---------------|--|
| 7. AGE Years <u>26</u> | Months <u>25</u> | Days <u>9</u> | If LESS than 1 day, _____ hrs. or _____ min. |
|------------------------|------------------|---------------|--|

| | |
|---|---|
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | 11. Total time (years) spent in this occupation |
|---|---|

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland
(State or country)13. NAME Louis Day14. BIRTHPLACE (city or town) Maryland
(State or country)15. MAIDEN NAME Glick Middleton16. BIRTHPLACE (city or town) Maryland
(State or country)17. INFORMANT Charles Gant,
(Address) Charlotte Hall18. BURIAL, CREMATION, OR REMOVAL
Place Newport Date Feb 20, 193619. UNDERTAKER Elmer Qualls,
(Address) Hughesville Md20. FILED Feb 19, 1936. J. P. Stippert
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb 18

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Nov. 19, 1935, to Feb 18, 1936

I last saw her alive on Jan 1936; death is said to have occurred on the date stated above, et 11 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Pulmonary tuberculosis

Date of onset

Other Contributory Causes of Importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19_____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Elmer G. Witch M. D.(Address) Hughesville Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | | |
|--------------------------------|------------|---------------|
| Arteriosclerosis | | Date of onset |
| Chronic interstitial nephritis | | 1915 |
| Cerebral hemorrhage | MAR 5 1926 | 1921 |
| | | July 5, 1927 |

DANIEL V. S.

Other contributory causes of importance:

| | | |
|------------|--|---------------|
| Gallstones | | Date of onset |
| | | May 1, 1923 |

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|---------------|
| Attack of epilepsy | Date of onset |
| Run over by street car | 1 week ago |
| Peritonitis | 1 week ago |
| | 3 days ago |

Other contributory causes of importance:

| | |
|-----------------|---------------|
| Gastroenteritis | Date of onset |
| | 1 year |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
